

10/530164  
Rec'd PTO 04 APR 2004

**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **RETINAL PIGMENT EPITHELIAL CELL CULTURES ON AMNIOTIC MEMBRANE AND TRANSPLANTATION**, the specification of which:

(check one) [  ] is attached hereto

[  ] was filed on 06 October 2003

WITH THE U.S. PATENT & TRADEMARK OFFICE AS RECEIVING OFFICE as Application Serial No.

and (if applicable) was amended on

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)			PRIORITY CLAIMED	
NUMBER	COUNTRY	FILED (DD/MM/YYYY)	YES	NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulation, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NO.	FILING DATE
60/415,986	04 October 2002

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys, and/or agents with full power of substitution, association, and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

Jacqueline M. Arendt      Registration No. 43,474  
Mark D. Lorusso      Registration No. 41,955  
Jeffrey D. Washville      Registration No. 46,366  
Marc A. Vivenzio      Registration No. 52,326

ADDRESS ALL CORRESPONDENCE TO:

**LORUSSO LOUD & KELLY LLP**  
440 Commercial Street  
Boston, MA 02109

DIRECT ALL PHONE CALLS TO:

Jacqueline M. Arendt  
Telephone: 617-227-0700 Ext. 24  
Facsimile: 617-723-4609

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application of any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	INVENTOR'S SIGNATURE	DATE
Susanne Binder	<i>Susanne Binder</i>	10.16.03
RESIDENCE ADDRESS	CITIZENSHIP	
Zeltgasse 1, A 1080, Vienna, Austria - Europe	Vienna, Austria - Europe	
POST OFFICE ADDRESS		
Zeltgasse 1 A 1080, Vienna, Austria, Europe		
FULL NAME OF SECOND INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
Scheffer C.G. Tseng		
RESIDENCE ADDRESS	CITIZENSHIP	
10000 SW 63 <sup>rd</sup> Place, Pinecrest, FL 33156	U.S.A.	
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10000 SW 63 <sup>rd</sup> Place, Pinecrest, FL 33156		
FULL NAME OF THIRD INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE ADDRESS	CITIZENSHIP	
POST OFFICE ADDRESS		

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Mark D. Lorusso	Registration No. 41,955
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FULL NAME OF SOLE OR FIRST INVENTOR	INVENTOR'S SIGNATURE	DATE
Susanne Binder		
RESIDENCE ADDRESS	CITIZENSHIP	
Zeltgasse 1, A 1080, Vienna, Austria - Europe	Vienna, Austria - Europe	
POST OFFICE ADDRESS		
Zeltgasse 1 A 1080, Vienna, Austria, Europe		
FULL NAME OF SECOND INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
Scheffer-C.G. Tseng	<i>[Signature]</i>	10/17/03
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POST OFFICE ADDRESS		
10000 SW 63 <sup>rd</sup> Place, Pinecrest, FL 33156	<i>[Signature]</i>	
FULL NAME OF THIRD INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE ADDRESS	CITIZENSHIP	
POST OFFICE ADDRESS		

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### GENERAL POWER OF ATTORNEY

(for several international applications filed under the Patent Cooperation Treaty)

(PCT Rule 90.5)

The undersigned person(s):

(Family name followed by given name; for a full legal entity, full official designation. The address must include postal code and name of country.)

TISSUETECH, INC.  
Ocular Surface Center, Suite 213  
7000 SW 97th Avenue  
Miami, Florida 33173  
United States of America

hereby appoint(s) the following person as:

agent

common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

ARENDET, Jacqueline M., Registration No. 43,474  
ARENDET & ASSOCIATES Intellectual Property Group  
1740 Massachusetts Avenue  
Boxborough, MA 01719-2209  
United States of America

to represent the undersigned before

all the competent International Authorities

the International Searching Authority only

the International Preliminary Examining Authority only

in connection with any and all international applications filed by the undersigned with the following Office

United States Patent and Trademark Office

as receiving Office

and to make or receive payments on behalf of the undersigned

Signature(s) (where there are several persons, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading this power):

Scheffer C.G. Tseng, M.D., Ph.D.  
Chairman  
TissueTech, Inc.

Date:

3/30/04